

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90144 037 \*\*\*\*61.25

**DOCUMENT # N95000005125**

1. Entity Name

**AGAPE STREET MINISTRY INC.**

Principal Place of Business

Mailing Address

**P.O. BOX 1332  
HIGH SPRINGS FL 32643****P.O. BOX 1332  
HIGH SPRINGS FL 32643**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3350795**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GODSMARK, WAYNE  
630 N.E. 5TH AVENUE  
HIGH SPRINGS FL 32643**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **VD** ☒ Delete  
NAME **CLEMONS, JON**  
STREET ADDRESS **8151 HWY 90 EAST**  
CITY-ST-ZIP **SNEADS FL 32460**TITLE **MD/T** ☐ Change ☒ Addition  
NAME **DONALD THIBODAUX**  
STREET ADDRESS **P.O. BOX 2352**  
CITY-ST-ZIP **HIGH SPRINGS, FL. 32655**TITLE **PD** ☐ Delete  
NAME **GODSMARK, WAYNE**  
STREET ADDRESS **P.O. BOX 1332**  
CITY-ST-ZIP **HIGH SPRINGS FL 32655**TITLE **V** ☐ Change ☒ Addition  
NAME **CHAD CLEMONS**  
STREET ADDRESS **3800 SW 65th ST**  
CITY-ST-ZIP **TRENTON, FL. 32693**TITLE **T** ☒ Delete  
NAME **CONNER, LINDA**  
STREET ADDRESS **ROUTE 14 BOX 24 N/A**  
CITY-ST-ZIP **LAKE CITY FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)